


Please type a plus (+) sign in this box →

PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))</small>		Attorney Docket No. M61.12-0516																																	
		First Inventor or Application Identifier Xuedong D. Huang et al.																																	
		Title HEAD MOUNTED MULTI-SENSORY AUDIO INPUT SYSTEM																																	
		Express Mail Label No. EV178019360US																																	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		Address To: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																	
1. <input checked="" type="checkbox"/> *Fee Transmittal Form e.g., PTO/SB17) <small>(Submit an original and a duplicate for fee processing)</small>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer program (Appendix)	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">17497 J. S. PRO 10/636176</div> 																																	
2. <input type="checkbox"/> Applicant Claims small entity status	8. Nucleotide and/or Amino Acid Sequence Submission <small>(If applicable, all necessary)</small>																																		
3. <input checked="" type="checkbox"/> Specification [Total Sheets 39] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the Invention)- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Copy																																		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 8]	b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 Copies); orii. <input type="checkbox"/> Paper																																		
5. Oath or Declaration [Total Sheets 3] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).	c. <input type="checkbox"/> Statement verifying identity of above copies																																		
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	ACCOMPANYING APPLICATION PARTS																																		
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation -in part (CIP)</div><div>of prior application No: _____ / _____</div></div> <p><small>Prior application information: Examiner _____ Group/Art Unit: _____</small></p> <p>FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>				9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))																															
				10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>																															
				11. <input type="checkbox"/> English Translation Document (if applicable)																															
				12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO – 1449 <input type="checkbox"/> Copies of IDS Citations																															
		13. <input type="checkbox"/> Preliminary Amendment																																	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>																																	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>																																	
		16. <input type="checkbox"/> Nonpublication Request Under 35 USC 122 <small>(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</small>																																	
		17. <input checked="" type="checkbox"/> Other: <u>Checks in the amount of \$1464.00 & \$40.00</u>																																	
17. CORRESPONDENCE																																			
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Customer Number or Bar Code Label</div><div>or <input checked="" type="checkbox"/> Correspondence address below</div></div>																																			
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2">Name</td><td colspan="2">Joseph R. Kelly</td></tr><tr><td colspan="2"></td><td colspan="2">WESTMAN CHAMPLIN & KELLY</td></tr><tr><td colspan="2">Address</td><td colspan="2">Suite 1600 – International Centre</td></tr><tr><td colspan="2"></td><td colspan="2">900 South Second Avenue</td></tr><tr><td>City</td><td>Minneapolis</td><td>State</td><td>MN</td></tr><tr><td>Country</td><td>USA</td><td>Telephone</td><td>(612) 334-3222</td></tr><tr><td></td><td></td><td>Zip Code</td><td>55402-3319</td></tr><tr><td></td><td></td><td>Fax</td><td>(612) 334-3312</td></tr></table>				Name		Joseph R. Kelly				WESTMAN CHAMPLIN & KELLY		Address		Suite 1600 – International Centre				900 South Second Avenue		City	Minneapolis	State	MN	Country	USA	Telephone	(612) 334-3222			Zip Code	55402-3319			Fax	(612) 334-3312
Name		Joseph R. Kelly																																	
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Name (Print/type) Joseph R. Kelly	Registration No. (Attorney/Agent) 34,847	
Signature 	Date 8/7/03	

08/07/03



FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Xuedong D. Huang

Title

HEAD MOUNTED MULTI-SENSORY AUDIO
INPUT SYSTEM

Group Art Unit

Examiner Name

Total Amount of Payment \$ 1464

Atty. Docket Number

M61.12-0516

METHOD OF PAYMENT (Check One)

FEE CALCULATION (Continued)

1. ☒ The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123. Westman, Champlin & Kelly, P.A.

2. ☒ Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$) Fee Description

1001 750 2001 375 ☒ Utility Filing Fee1002 330 2002 165 ☐ Design Filing Fee1004 750 2004 375 ☐ Reissue Filing Fee1005 160 2005 80 ☐ Prov. Filing Fee

Subtotal (1) \$ 750

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	41	20	21	18	378
Indep.	7	3	4	84	336

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity Small Entity

Fee Fee Fee Fee Description

Code (\$) Code (\$) Description

1202 18 2202 9 Claims in excess of 20

1201 84 2201 42 Independent claims in excess of 3

1203 280 2203 140 Multiple Dependent Claims

1204 84 2204 42 Reissue Independent Claims over Original Patent

1205 18 2205 9 Reissue claims in excess of 20 and over original patent

Subtotal (2) \$ 714

3. ADDITIONAL FEES

Large Entity

Small Entity

Fee

Fee

Fee

Fee

Fee Description

Fee
Paid

Code

(\$)

Code

(\$)

1051

130

2051

65

Surcharge - Late filing fee or oath

1052

50

2052

25

Surcharge - Late provisional
Filing Fee or cover sheet

1053

130

1053

130

Non-English specification

1812

2,520

1812

2,520

For Filing a Request for Reexamination.
(ex parte)

1251

110

2251

55

Extension for reply within first month

1252

410

2252

205

Extension for reply within second month

1253

930

2253

465

Extension for reply within third month

1254

1,450

2254

725

Extension for reply within fourth month

1255

1,970

2255

985

Extension for reply within fifth month

1402

320

2402

160

Filing a brief in support of an appeal

1403

280

2403

140

Request for oral hearing

1814

110

2814

55

Terminal Disclaimer Fee

1452

110

2452

55

Petition to Revive - unavoidable

1453

1,300

2453

650

Petition to Revive - unintentional

1501

1,300

2501

650

Utility/Reissue issue fee (inc. advance
copies)

1502

470

2502

235

Design issue fee (inc. advance copies)

1460

130

1460

130

Petitions to the Commissioner

1807

50

1807

50

Petitions related to provisional
applications

1806

180

1806

180

Submission of Information Disclosure
Statement

8021

40

8021

40

Recording each patent assignment per
property (times number of properties)

Other Fee (specify) _____

Subtotal (3) \$

Signature

(Joseph R. Kelly)

Reg. No. 34,847Date 8-7-03Deposit Account No. 23-1123